



Slovensko združenje
paliativne in hospic oskrbe

Obravnava simptomov v paliativni oskrbi

dr. Maja Ebert Moltara, dr. med.

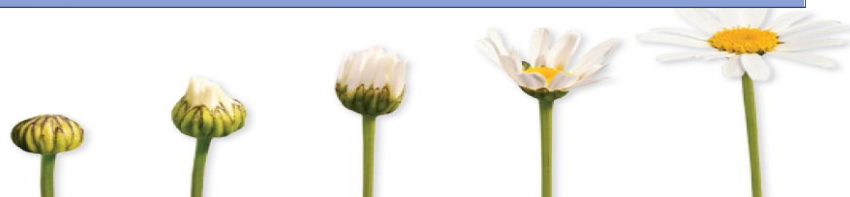
Dodatna znanja iz paliativne oskrbe
"Korak za korakom"



2024



KLJUČNI DELI PALIATIVNE OSKRBE





NAJPOGOSTEJŠI SIMPTOMI

Symptom prevalence in palliative care patients

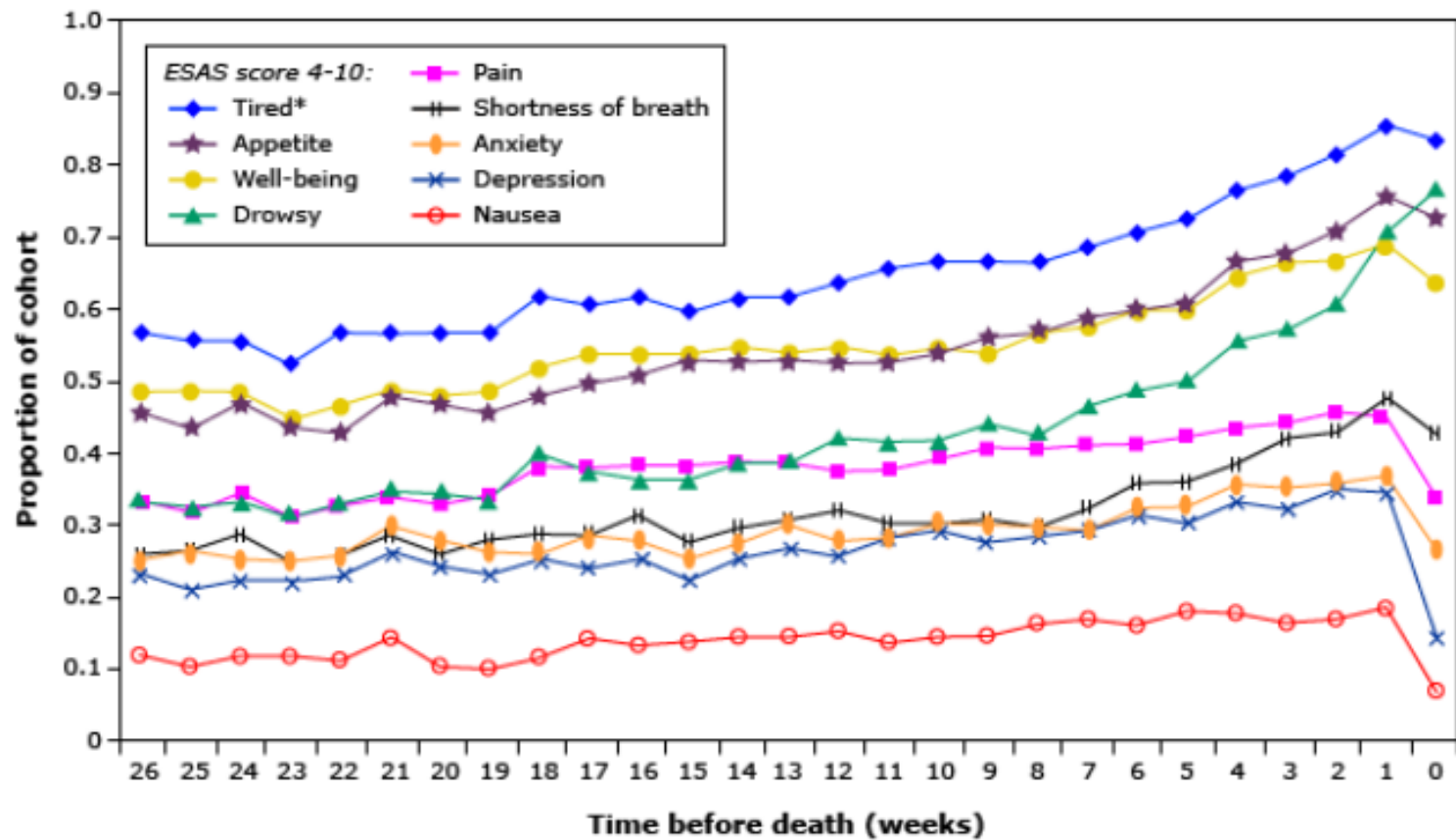
Symptom	Cancer		AIDS		Heart disease		Chronic obstructive pulmonary disease (COPD)		Renal disease	
	Number of patients	Percentage with symptom	Number of patients	Percentage with symptom	Number of patients	Percentage with symptom	Number of patients	Percentage with symptom	Number of patients	Percentage with symptom
Pain	10,379	35 to 96	942	63 to 80	882	41 to 77	372	34 to 77	370	47 to 50
Depression	4378	3 to 77	616	10 to 82	80	9 to 36	150	37 to 71	956	5 to 60
Anxiety	3274	13 to 79	346	8 to 34	80	49	1008	51 to 75	72	39 to 70
Confusion	9154	6 to 93	?	30 to 65	343	18 to 32	309	18 to 33		
Fatigue	2888	32 to 90	1435	54 to 85	409	69 to 82	285	68 to 80	116	73 to 87
Breathlessness	10,029	10 to 70	504	11 to 62	948	60 to 88	372	90 to 95	334	11 to 62
Insomnia	5606	9 to 69	504	74	146	36 to 48	150	55 to 65	351	31 to 71
Nausea	9140	6 to 68	689	43 to 49	146	17 to 48			362	30 to 43
Constipation	7602	23 to 65	689	34 to 35	80	38 to 42	150	27 to 44	483	29 to 70
Diarrhea	3392	3 to 29	504	30 to 90	80	12			19	21
Anorexia	9113	30 to 92	504	51	146	21 to 41	150	35 to 67	395	25 to 64

Original figure modified for this publication. Solano JP, Gomes B, Higginson IJ. A comparison of symptom prevalence in far advanced cancer, AIDS, heart disease, chronic obstructive pulmonary disease and renal disease. *J Pain Symptom Manage* 2006; 31:58. Table used with the permission of Elsevier Inc. All rights reserved.





Prevalence of moderate to severe symptoms in the last six months of life in patients with terminal cancer



Obravnava simptomov v paliativni oskrbi





OBRAVNAVA SIMPTOMOV V PALIATIVNI OSKRBI

1

- ZAZNATI

2

- OCENITI IZRAŽENOST





Ocena intenzitete simptomov ...



ONKOLOŠKI
INŠTITUT
LJUBLJANA

AMBULANTA ZA ZGODNJO PALIATIVNO OSKRBO

EDMONTONOV VPRAŠALNIK SIMPTOMOV

Datum _____

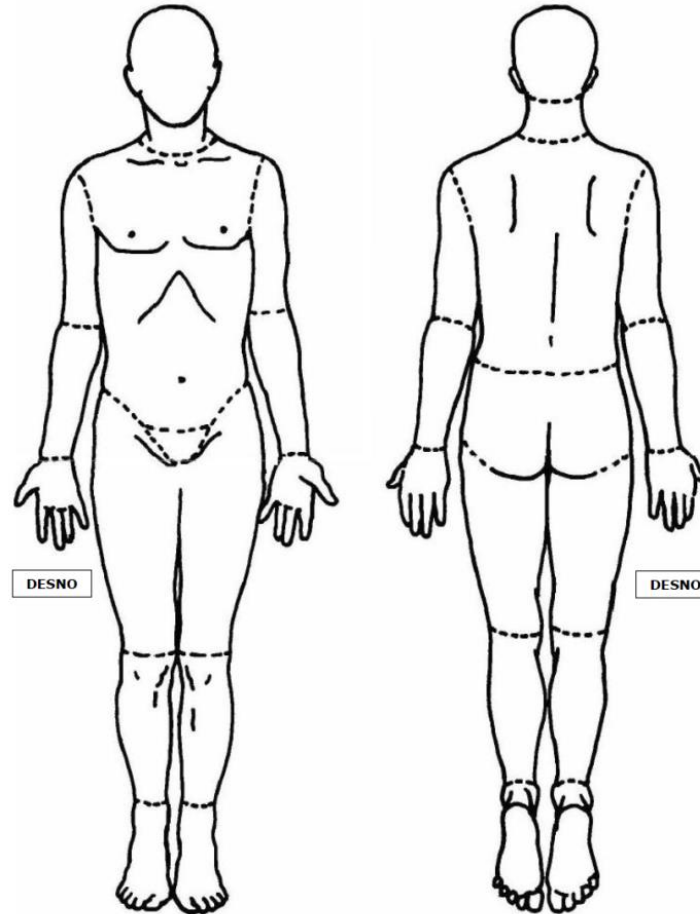
Prosim, obkrožite številko, ki najboljše opisuje vaše **TRENTNO POČUTJE**.

Brez bolečin	0	1	2	3	4	5	6	7	8	9	10	Najhujša možna bolečina
Brez utrujenosti (Utrujenost = izguba energije)	0	1	2	3	4	5	6	7	8	9	10	Najhujša možna utrujenost
Brez zaspanosti	0	1	2	3	4	5	6	7	8	9	10	Najhuša možna zaspanost
Brez slabosti	0	1	2	3	4	5	6	7	8	9	10	Najhuša možna slabost
Brez izgube apetita	0	1	2	3	4	5	6	7	8	9	10	Najhujša možna izguba apetita
Brez občutka dispneje (dispneja = občutek težkega dihanja)	0	1	2	3	4	5	6	7	8	9	10	Najhujši možen občutek dispneje
Brez depresije (depresija = občutek brezupja)	0	1	2	3	4	5	6	7	8	9	10	Najhujša možna depresija
Brez anksioznosti (anksioznost = občutek nervoznosti)	0	1	2	3	4	5	6	7	8	9	10	Najhujša možna anksioznost
Najboljše blagostanje (blagostanje = vaše celokupno počutje)	0	1	2	3	4	5	6	7	8	9	10	Najslabše možno blagostanje
Brez (ostale težave, npr. zaprtje)	0	1	2	3	4	5	6	7	8	9	10	Najhujše možno

Izpolnil (obkroži ustrezno)

- pacient
- negovalec (družina)
- negovalec (zdravstveni delavec)
- pacient ob pomoči negovalca

VRISI MESTO BOLEČINE:



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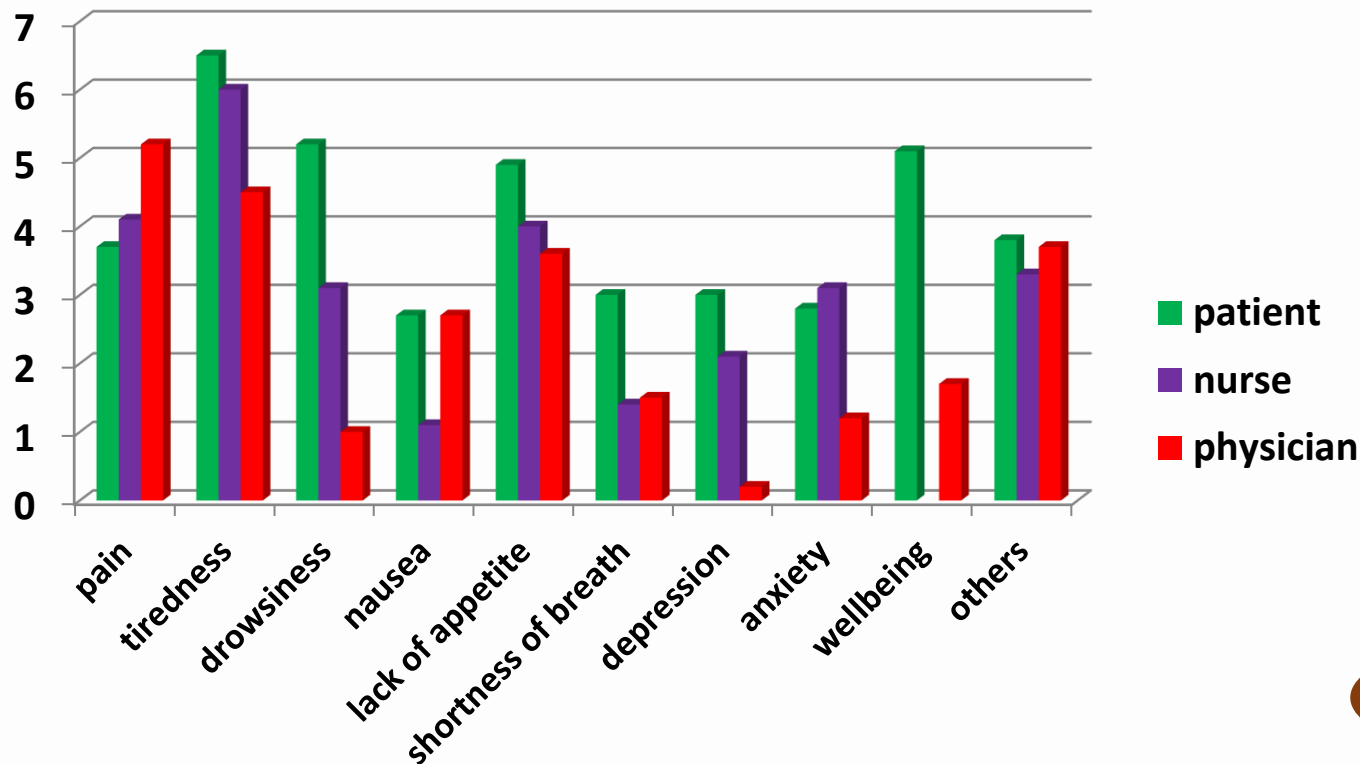
3

- OVREDNOTITI (POD/PRE CENJENOST)





Beleženje simptomi na OI – KDO IZPOLNJUJE VPRAŠANIK? ...



SVOJCI

Clinicians can fail to recognize 50-80% of patient concerns during consultation
(Ruland et al, *J Am Med Inform Assoc*, 2010)





OBRAVNAVA SIMPTOMOV V PALIATIVNI OSKRBI

- 1 • ZAZNATI
- 2 • OCENITI IZRAŽENOST
- 3 • OVREDNOTITI (POD/PRE CENJENOST)
- 4 • PROGNOZA





POMEMBNA JE OCENA PREŽIVETJA, PROGNOZA ...

- indeksi/lestvice
- stanje zmogljivosti
- klinični znaki
- laboratorijski parametri



The SPICT™ is a guide to identifying people at risk of dying within the next 12 months.

Look for two or more general indicators of deteriorating health.

- Performance status poor or deteriorating, with limited reversibility. (needs help with personal care, in bed or chair for 50% or more of the day).
- Two or more unplanned hospital admissions in the past 6 months.
- Weight loss (5 - 10%) over the past 3 - 6 months and/or body mass index < 20.
- Persistent, troublesome symptoms despite optimal treatment of any underlying condition(s).
- Lives in a nursing care home or NHS continuing care unit, or needs care to remain at home.
- Patient requests supportive and palliative care, or treatment withdrawal.

Look for any clinical indicators of advanced conditions

Cancer

Functional ability deteriorating due to progressive metastatic cancer.

Too frail for oncology treatment or treatment is for symptom control.

Dementia/ frailty

Unable to dress, walk or eat without help.

Choosing to eat and drink less; **difficulty maintaining nutrition.**

Urinary and faecal incontinence.

Unable to communicate meaningfully; little social interaction.

Fractured femur; multiple falls.

Recurrent febrile episodes or infections; aspiration pneumonia.

Neurological disease

Progressive deterioration in physical and/or cognitive function despite optimal therapy.

Speech problems with increasing **difficulty communicating and/or progressive dysphagia.**

Recurrent aspiration pneumonia; breathless or respiratory failure.

Heart/ vascular disease

NYHA Class III/IV heart failure, or extensive, untreatable coronary artery disease with:

- **breathlessness or chest pain** at rest or on minimal exertion.

Severe, inoperable peripheral vascular disease.

Respiratory disease

Severe chronic lung disease with:

- **breathlessness at rest or on minimal exertion** between exacerbations.

Needs long term oxygen therapy.

Has needed ventilation for respiratory failure or ventilation is contraindicated.

Kidney disease

Stage 4 or 5 chronic kidney disease (eGFR < 30ml/min) with deteriorating health.

Kidney failure complicating other life limiting conditions or treatments.

Stopping dialysis.

Liver disease

Advanced cirrhosis with one or more complications in past year:

- diuretic resistant ascites
- hepatic encephalopathy
- hepatorenal syndrome
- bacterial peritonitis
- recurrent variceal bleeds

Liver transplant is contraindicated.

Assess and plan supportive & palliative care

- Review current treatment and medication so the patient receives optimal care.
- Consider referral for specialist assessment if symptoms or **needs are complex and difficult to manage.**
- Agree current and future care goals/ plan with the patient and family.
- Plan ahead if the patient is at risk of loss of capacity.
- Handover: care plan, agreed levels of intervention, CPR status.
- Coordinate care (eg. with a primary care register).

- slab performans status
- dve ali več neplanirane hospitalizacije v zadnjih 6 mesecih
- izguba teže v zadnjih mesecih
- težko obvladljivi simptomi
- potrebuje stalno oskrbo





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- PROGNOZA

5

- VZROK - REVERZIBILNI/IREVERZIBILNI





PRISTOP K OBRAVNAVI BOLNIKA s simptomom





PRISTOP K OBRAVNAVI BOLNIKA s simptomom





OBRAVNAVA SIMPTOMOV V PALIATIVNI OSKRBI

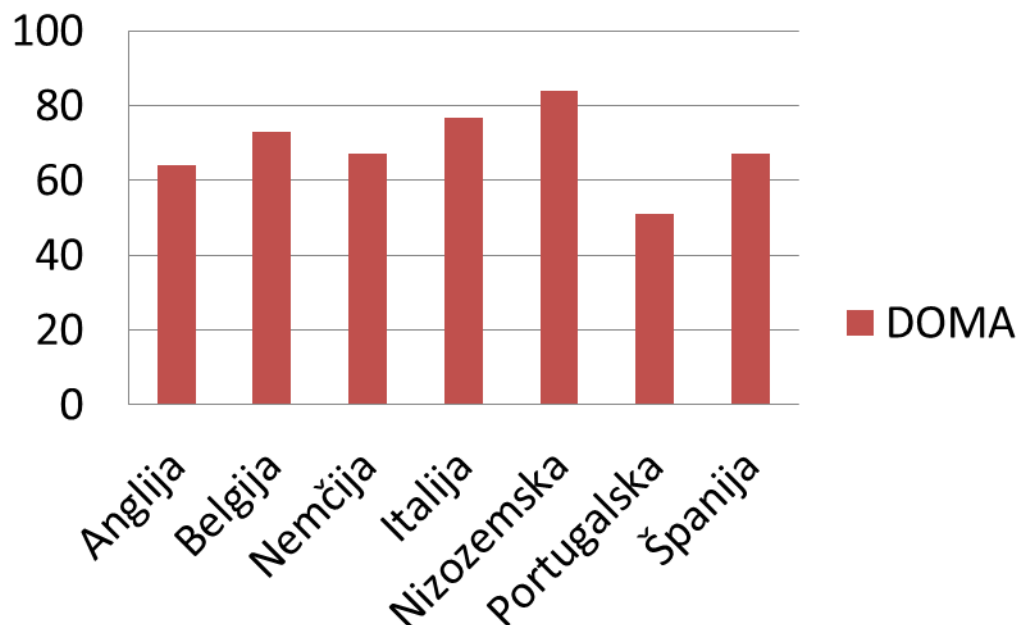
- 1 • ZAZNATI
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- 5 • VZROK - REVERZIBILNI/IREVERZIBILNI
- 6 • DOMA/BOLNICA





Preferences for place of death if faced with advanced cancer: a population survey in England, Flanders, Germany, Italy, the Netherlands, Portugal and Spain

B. Gomes^{1*}, I. J. Higginson¹, N. Calanzani¹, J. Cohen², L. Deliens^{3,2}, B. A. Daveson¹, D. Bechinger-English¹, C. Bausewein^{4,1}, P. L. Ferreira⁵, F. Toscani⁶, A. Meñaca⁷, M. Gysels⁷, L. Ceulemans⁸, S. T. Simon^{9,10}, H. R. W. Pasman³, G. Albers³, S. Hall¹, F. E. M. Murtagh¹, D. F. Haugen^{11,12}, J. Downing¹³, J. Koffman¹, F. Pettenati⁶, S. Finetti⁶, B. Antunes^{5,1} & R. Harding¹ on behalf of PRISMA





5 faktorjev, ki so neodvisni napovedni dejavniki, da bo nekdo doma umrl

Relative's aware of incurability at one week prior to death or more
(ref. never or aware for < one week)

Patient's discussion of preference for place of death with family (ref. no)

Hospital days (ref. 0 to 7 days)

8 to 14 days

15 to 28 days

29+ days

GP home visits (ref. 0 or 1 visit)

2 visits

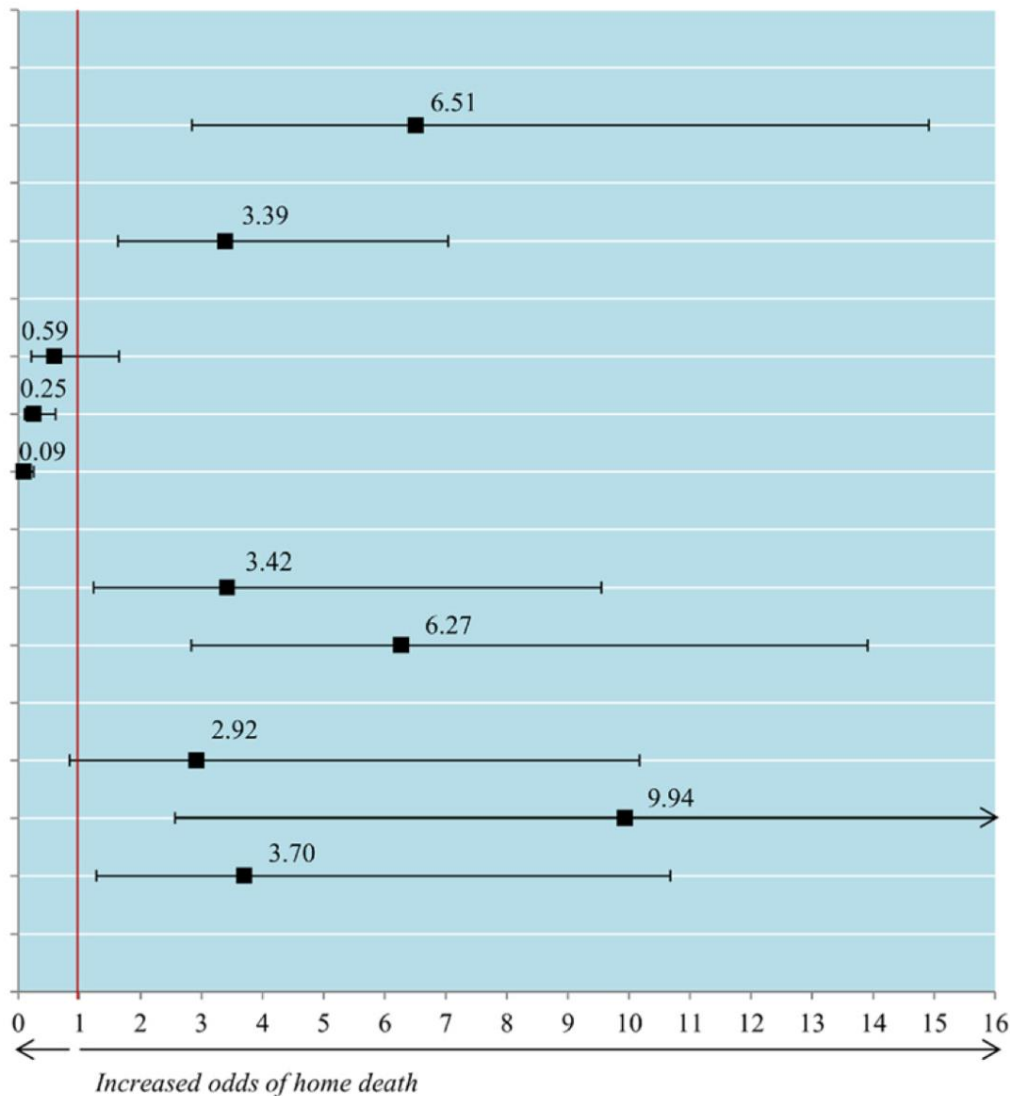
3+ visits

Relative's work arrangements
(ref. 0 to 3 days off work)

4 to 14 days off work

15+ days off work

not working





VZROKI ZA OBISK SNMP (2012)

Darja Žnidaršič, SNMP Ljubljana

	število	delež
Bolečina	124	42%
Slabost in bruhanje	35	12%
Težko dihanje	31	11%
Zapora urina	27	9%
Nemir in zmedenost	23	8%
Oslabelost	9	3%

Ostalo (manj kot 1%):

kolcanje, epileptičen napad, zaprtje, anemija, globoka venska tromboza spodnjih okončin, krvavitev iz prebavil, epistaksa, makrohematurija, ascites, predoziranje opiatnega analgetika, alergična reakcija.





VZROKI ZA OBISK SNMP (jun- avg 2014)

Darja Žnidaršič, SNMP Ljubljana

vzrok	Število	%
težko dihanje	41	26.2
bolečina	24	15.3
motnje požiranja	25	16
oslabelost	14	9
vročina	10	6.4
motnje zavesti	8	5
bruhanje	5	3
nemir	4	2
retenca urina	2	1
hemoptiza	2	1
težave s PEG	2	1
potrditev smrti	19	12
Ostalo*		





Hvala!

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Obravnavanje simptomov v paliativni oskrbi

